

**REPORT TO THE TRUST BOARD: PUBLIC  
21 MAY 2020**

<b>Title</b>	Progress Report People Plan
<b>Author</b>	Tanya Carter, Director of People & Culture
<b>Accountable Executive Director</b>	Tanya Carter, Director of People & Culture

**Purpose of the Report:**

To update the Appointments and Remuneration Committee on the activities as outlined in the People Plan. In addition, the reports provide assurance in terms of the response to COVID 19.

**Summary of Key Issues:**

This paper sets out some of the People & Culture (silver) workstream activities in relation to Covid 19:

- Staffing
- Staff testing
- Accommodation for staff
- Recovery
- Staff support
- Reporting
- Skills Market Place
- Appraisals
- Stat and Mandatory training
- Employee Relations
- Overtime arrangements

The paper also sets out the 'Business as Usual' activities that has been undertaken.

**Strategic priorities this paper supports (Please check box including brief statement)**

Improved patient experience	<input checked="" type="checkbox"/>	There is a strong evidence base that engaged staff provide better patient care and outcomes.
Improved health of the communities we serve	<input checked="" type="checkbox"/>	We are taking a population health approach to staff wellbeing.
Improved staff experience	<input checked="" type="checkbox"/>	The approach to improvement sets out in this paper are designed to directly improve staff experience
Improved value for money	<input checked="" type="checkbox"/>	There is a strong evidence base that engaged staff and more health and productive at work, and therefore contribute to value for money

**Committees/Meetings where this item has been considered:**

Date	Committee/Meeting
Various	Previously discussed at the April Appointments and Remuneration Committee.

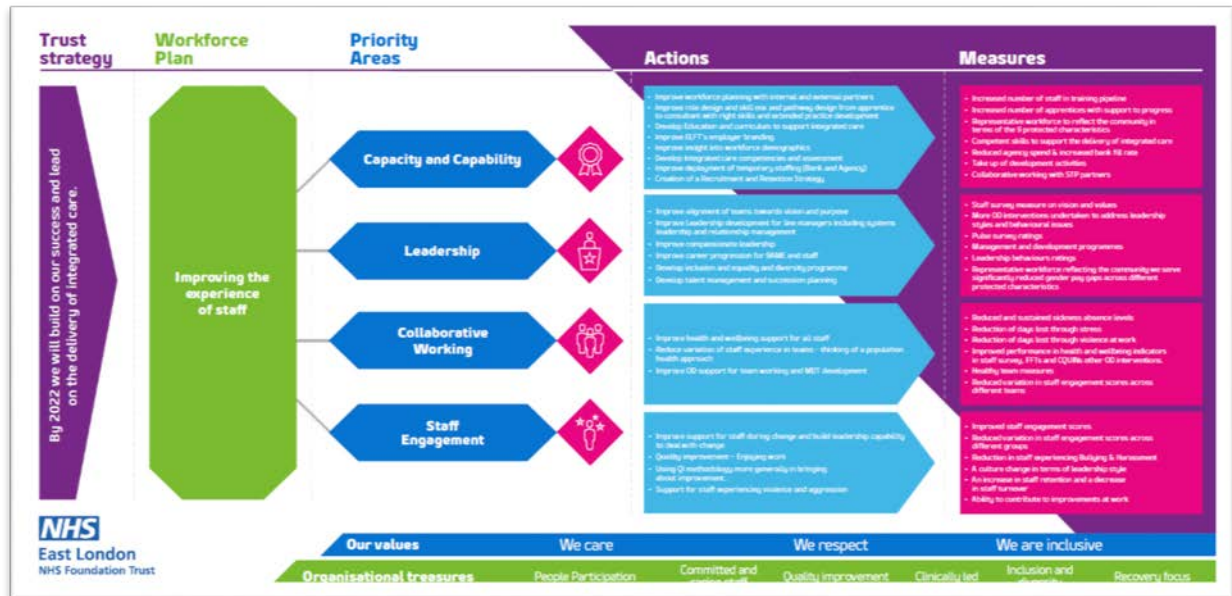
**Implications:**

Equality Analysis	The Trust's action plan is designed to improve equality through the reduction in variation between different staff groups.
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Risk and Assurance	If staff are not engaged at work, there is a clear risk that patient care will be adversely affected.
Service User/Carer/Staff	As above, the work in this area is designed to improve staff experience. Evidence shows a clear link between staff experience and patient care.
Financial	Evidence shows that high staff engagement is strongly correlated with low sickness absence levels, which has a financial benefit to the Trust.
Quality	Evidence shows a clear link between staff satisfaction and patient care.

## 1. Background

1.1 Delivery of the Trust people plan (formally the Workforce plan) continues to progress well.

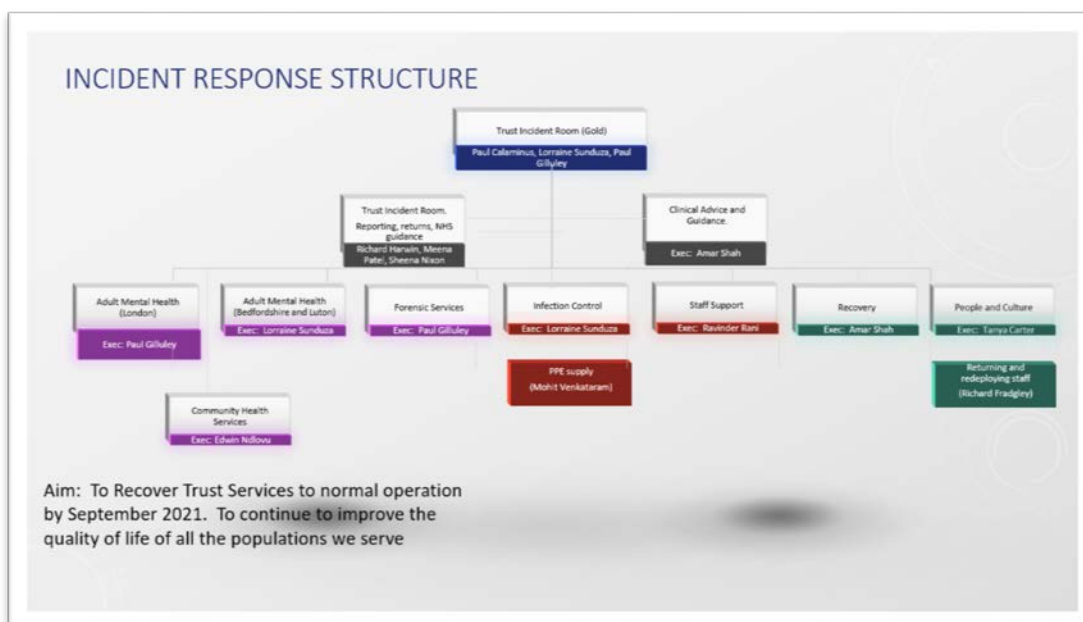


1.2 This paper sets out to provide assurance as well as a progress report on the delivery against the People Plan. The Trust's 4 key priorities are:

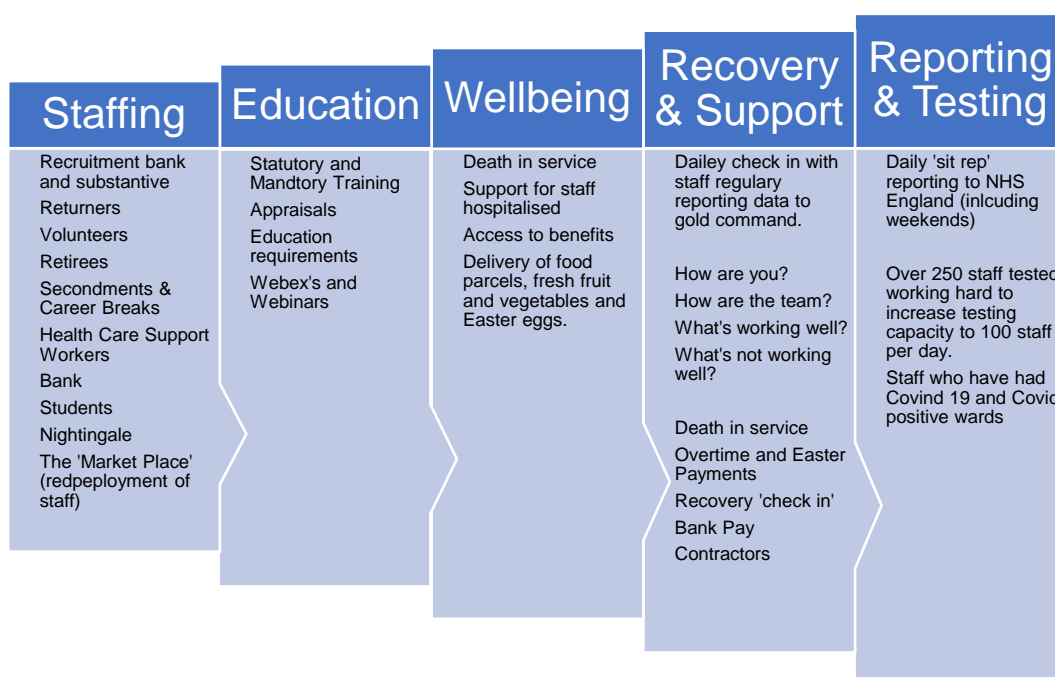
- Improved Population Health Outcomes
- Improved Experience of Care
- Improved Staff Experience
- Improved Value

## 2. COVID 19 People & Culture Work Stream

2.1 People and Culture colleagues are embedded in all workstreams as part of Silver and/or bronze command. The Executive Director is a part of the Gold command workstream. In addition, People Business partners are in the operational silver and bronze command.



### 3. People Workstreams



### 4. Staffing workstream

- 4.1 A workstream was set up to engage staff who have retired from the Trust within the last 3 years, as well as all staff that are on secondment or career breaks. We have contacted all Health Care Support Workers who are currently registered on the bank but are not currently working, to support within community care settings.
- 4.2 The staffing work stream is made up of learning and development, clinical leads for each professional group, and Business Partners.
- 4.3 Over the Easter weekend we received over 400 CVs.

- 4.4 71 HCSW were contacted, (mainly mental health) but all contacted by email w/c 30/3/20 to establish if any would like to work in CHS & asked to reply to bank email. All now being contacted to increase statutory and training compliance
- 4.5 15 HCSWs have been interviewed and all are currently at pre-employment stage. (Interviews were also held for Beds & Luton- approx. 8)
- 4.6 103 Retirees were contacted in total, 19 were interested in return to work, 4 in CHS. All 19 forwarded bank forms for completion.
- 4.7 We are working through supplementary paperwork regarding statutory and mandatory training to be included in the welcome pack. We have produced a welcome letter from the Chief Executive. The website for the staffing workstream has gone live including sharing on social media e.g. Twitter, Facebook, LinkedIn, Instagram and ELFT website.

## **5. Staff Testing**

- 5.1 We continue to roll out staff testing – however the national guidance and testing allocations for ELFT change on a regular basis. To date we have tested c. 900 staff and the programme of testing continues and we are reviewing how this can be made sustainable.

## **6. Accommodation**

- 6.1 We have colleagues in People & Culture coordinating the accommodation requirements. In March we had around 31 staff members in hotel accommodation increasing to 68 in April rising to 171 in May. We are addressing challenges as and when they arise such as accessibility and quality and are regularly contacting staff. We are about to sign a contract with the University of East London to utilise their student accommodation facilities and will be transferring staff to these facilities.

## **7. Staff Wellbeing**

- 7.1 We have received many offers from local businesses as detailed below:

- 2800 laundry bags and protective headbands – donated by various NHS volunteers across the country;
- Sent out 25510 ‘thinking of you’/‘pick-me-up’/‘thank you’ treats/items. These include coffee pods, iced coffee, Easter eggs, energy drinks, flavoured waters, fresh fruit and veg hampers and snack bars.
- Organised the delivery of 1450 meals per week to a variety of our London sites;
- Encouraged participation in 3 new ELFT online fitness platforms;
- Consolidated over 65 NHS offers, making remote access to these easier via the new wellbeing website page;
- Consolidated at least 50 additional wellbeing links, of which are also highlighted on the wellbeing website page (these include emotional support services, domestic abuse support, mindfulness and meditation hubs, sleep advice, coping with stress links, working from home advice and many more);
- We have also taken 136 calls on the Employee Assistance Programme (EAP) line since the beginning of the pandemic.

- 7.2 We have responded to offers from John Lewis to enable us to create rest areas for staff working long shifts. We have tried to access groceries etc for staff. But this has proved to be impossible – but we’re aware that many supermarkets are creating protected time slots

for NHS staff. We have communicated these to staff. We have produced two infographics see appendix 1 and 2 – one specifically regarding wellbeing and the second is a pictorial way to access guidance on the internet.

- 7.3 The exceptional leave scheme was curtailed early on 6 March 2020 over concerns that staff would come to work when they weren't well enough to do so to qualify for the extra leave, as the window was due to close at the end of March.

## 8. Staff Support

- 8.1 A helpline for staff and service users is up and running and the numbers of staff accessing it are increasing.

## 9. Staff Check in App

- 9.1 A call for volunteers was made to complete a daily 'check in'. The feedback is illustrated in words clouds. The first is what is working well. The second box are things that aren't working well.



## 10. Reporting

- 10.1 A Covid 19 dashboard has been created and details patient and staff information in relation to Covid 19 and can be found in appendix 3.

## 11. Skills-Marketplace Update

- 11.1 The People & Culture team has launched 'Skills-Marketplace' where all staff can seek and provide support to other teams where possible – especially from staff who are

currently working from home and have seen their workload decrease or changed due to the pandemic.

- 11.2 The aim is to deploy substantive staff 'virtually' where we can to ensure transferable skills are being utilised and colleagues feel supported and can seek support during this unprecedented times. Deployment period can vary it can be to help with daily tasks, ongoing project, day's work, project coordination or adhoc support without any change in pay band and other T&Cs. It is voluntary and colleagues are reminded their primary teams must be supported before they offer help to others.

## **12. Appraisals**

- 12.1 The 2020/2021 Appraisal window is open, and staff are encouraged to complete their appraisal where possible. We are also trying to focus on where roles have significantly changed due to COVID 19 and use the appraisal as the vehicle to capture this. However, there is also an acknowledgement that staff in patient facing services may not be able to complete their appraisals in the usual time frames. The deadline has been relaxed to September/October. There has also been national guidance for medics and the deadline has been relaxed to September 2020 for doctors.

## **13. People & Culture**

- 13.1 In order to facilitate the demand, we have reviewed all recruitment processes which are slimmed down for bank and more general recruitment across all staff groups.
- 13.2 We are conducting pre-employment checks remotely using technology procured during the pandemic to be able to check and verify Identity documents. We have managed to mobilise the People & Culture team c100 staff to work remotely and have reduced attendance in the office to a maximum of two colleagues between the hours of 10am-12pm to print and issue identity cards.
- 13.3 Disclosure and Barring service (DBS) we took the decision to extend the recheck period from 3 years to 4 years and then guidance from the DBS subsequently arrived after.
- 13.4 In order to meet the demand, several rotas are in place. The executive team were working over 7 days. The Associate Directors (P&C) were on call between 5pm and 8am evenings and weekends, and currently what's in place is out of hours/weekend working for the People Information Team for 'Sit Rep' reporting and the Business Partners for testing.
- 13.5 We continue to maintain morale through twice weekly whole team WebEx huddles c100 staff which is a combination of information cascading and team connection/fun activities.
- 13.6 The Trust have increased the amount of annual leave carry over to 10 days and added the option of selling leave to a maximum of 7 days.
- 13.7 There have been communications to staff about taking care not to wear work ID badges and lanyards as there have been reports about staff being attacked for these.

## **14. Employee Relations**

- 14.1 We have discussed and agreed with Staffside to take a pragmatic approach in terms of employee relations cases. We are still receiving Grievances and Dignity and Work complaints. We are reviewing all cases to see where possible to resolve informally.

Where practicable we are using technology to undertake investigation interviews and hearings. We have R.A.G rated all cases and are working through as far as is practicable.

**15. Sub-contractors**

- 15.1 There have been guidance which has been issued from NHS employers regarding pay for sub-contractors in the event they have to self-isolate. We are aware that some of our sub contractors are only paying statutory sick pay (SSP) which is against the guidance. However the guidance is not clear what role Trusts should play. This has been escalated to NHS Employers and we await a response.

**16. Overtime payments**

- 16.1 In recognition of the extra work that staff may be required to do, we have enabled overtime for bands 8-9 paid at plain time in the absence of NHS guidance, however we expect that this may change.

**17. Preparing for the future**

- 17.1 In preparation for phase 2 of the Covid 19 response – a new set of workstreams have been implemented.

**18. Business as usual activities**

- 18.1 We welcomed Cauldwell Road GP surgery under the transfer of undertaking protection of employment (TUPE) on 1<sup>st</sup> April and the process was smooth.
- 18.2 The new payroll provider University Hospitals Birmingham, (UHB) went smoothly despite challenging issues with the outgoing provider North East London Payroll consortium (NELPC) and is in effect from 1 April 2020. The first weekly and monthly payroll runs were successfully completed.

**19. Organisational Changes**

Directorate	Organisational Change – Title/Service	Type of change i.e. TUPE in or out	Number of staff affected	No of staff at risk	Actual Redundancies if known	Summary of the change i.e. reason
Tower Hamlets	Thames House Ward	Organisational Change	20	19	None Expected	Formal ward closure put on hold due to COVID-19. Staff are currently being redeployed to wards that need additional support due to the pandemic. Formal redeployment and slotting in will take place once services begin to settle back to normal
Corporate	QI	Organisational Change	1	1	None Expected	Deletion of post and creation of another post
Specialist Services	Blood Borne Virus (London)	London	2	2	Potential redundancies	Following the loss of the RESET team in October 2019 and not being successful in the City and Hackney Addictions tender, there is no funding for the remaining Blood Borne Virus team in London
Luton	Luton Liaison & Diversion Service	Service Redesign	10	0	None Expected	Change to 24 hours service. Reduction of posts from 10 to 6 and creation of 1 additional B7 post.
Bedford	AMHPs Service	Restructure and Payment changes	27	0	None Expected	Clarity on roles & responsibility, rebanding of 6 to 7 and changes to the honorarium payment.
Community Health Bedfordshire	Eye Care Service	TUPE - Out	1	0	None Expected	Cambridge Community Services now run the Eye Care Service. TUPE commences on 1st May 2020
Community Health Bedfordshire	Administration/Management	Organisational Change	21	0	None Expected	Change of base from Woburn Court to John Bunyan House/Queensbury House/Twinwoods and the Ampthill Care Health Centre
			82	22		



**20. Freedom to Speak Up (FTSU) update: January to March 2020**

20.1 There were 12 recorded FTSU cases recorded from 1<sup>st</sup> January to 31<sup>st</sup> March 2020.

20.2 Of these cases are Patient Safety / Quality related issues, 2 are related to Bullying / Harassment and 7 cases are relate to Processes/ Organisational Structure within services. Lessons and feedback on cases are shared locally with Line Managers or via the Service Directors, through team meetings and face-to-face meetings where relevant. No particular directorate or service was raised greater than any other.

20.3 The table below shows the broad themes of concerns raised to Freedom to speak as categorised by the National Guardian’s Office (NGO). Another theme has been added by the Trust to capture those concerns that are related to COVID19. (Please note that one concern raised may overlap more than one theme).

Month	Number of cases raised to Freedom to speak up	Themes of concerns			
		Element Patient safety/ Quality	Element of bullying and harassment/ behaviour	Processes/ Organisational Structure/others	COVID19 Related
January*	3	1			0
February	5	0	2	4	0
March	4	3	0	3	0
<b>Total</b>	<b>12</b>	<b>4</b>	<b>2</b>	<b>7</b>	<b>0</b>
Anonymous concern	0				
Suffered Detriment	0				

20.4 There are two cases from January where the FTSU concern reason/detail is unknown. Both people concerned have been contacted in order to give support. Neither person has sought further communication or support.

20.5 A handover period took place from 16<sup>th</sup> March to 4<sup>th</sup> April between Ade Dosunmu and Anita Hynes, who is covering Ade’s maternity leave. During that time, the COVID pandemic reached the UK and changes to work from home where possible started to take place. No COVID related concerns were raised in during this quarter.

20.6 Virtual introductory meetings have taken place with the FTSUG and the Directorate Leads.

20.7 Data is share weekly with the Chief Nurse and the Director of People and Culture and where FTSU concerns are related to COVID19.

20.8 Guidance shared by the NGO relating to data collection took effect from 1<sup>st</sup> April 2020. In addition to recording the profession of workers who speak up, Freedom to Speak Up Guardians (FTSUGs) are now to also indicate the professional level of those workers. The NGO's data collection process will require FTSUGs to indicate a professional level and a professional group for each case that is recorded.

## **21. Whistleblowing**

21.1 The two Whistleblowing investigations that were reported to the Board in March 2020 have been investigated and concluded. One was an anonymous complaint in Tower Hamlets – which was copied to the CQC and other external partners. This complaint alleged bullying management practices and issues regarding patient care. This complaint was concluded and there were no findings of bullying and harassment or any evidence of poor patient care. Although some management recommendations were made.

21.2 The second was an anonymous complaint within Newham Mental Health. This complaint was received by the CQC. The complaint alleges discrimination in leadership practices against BAME staff. It also alleged that interview practices are unfair and that that whilst staff are being given preferential treatment. It also alleges unfair treatment of BAME staff in relation to medication errors. A desktop investigation was undertaken and there were no findings although we are working with Newham mental Health.

21.3 A new concern was raised – albeit it didn't meet the criteria for Whistleblowing. This was in relation to concerns about sub-contractor staff potentially coming to work on wards when they were not fit to do so – because of the fear of not receiving occupational sick pay. This matter has been raised with NHS Employers and the national HR network.

## **22. Medical Staffing**

22.1 Doctors have been informed of the GMC latest guidance; any doctors (excluding doctors in training) who are due to revalidate before the end of September 2020, will have their revalidation date deferred for one year.

22.2 They have also been advised that all appraisals are suspended till at least 30<sup>th</sup> September 2020, this is to prioritise clinical work.

22.3 The April Trainee Rotation was postponed, apart from the Foundation Year (FY) 2 rotation for Bedfordshire and Luton went ahead as planned.

22.4 4 Foundation Year 1 (FY1), 1 FY2 from London and 4 FY1 trainees from Bedfordshire and Luton have been deployed back to Acute Trusts to support with the pressure of Covid-19, with no replacement at ELFT.

22.5 Doctors in training have been informed of the NHSE and the British Medical Association's (BMA) joint statement on introducing flexibility into the junior doctor contractual safeguards during the covid-19 pandemic. Trainees have been asked to inform us and the Guardian of Safe Working Hours if there have been any changes made locally to their working patterns.

22.6 Medical Education, Medical Staffing and the Guardian of Safe Working have set up a meeting with the Trainee Representatives to discuss on a weekly basis any issues and

concerns they would like to raise any support they require. Medical Education has switched teaching online to ensure the education process continues and they have been delivering webinars to over 200 people per session.

### **23. Medical Education**

- 23.1 We are trying to continue with courses as much as possible using meeting/webinar technology. Our biggest success stories so far have been the COVID19 teaching on a Wednesday which we have now opened to North East London (NELFT) and Norfolk and Suffolk Foundation Trust (NSFT) doctors – connecting over 200 doctors.
- 23.2 We have also teamed up with the Digital team to roll out webinars on digital training for **all staff** on topics like remote working and how to use MS Teams (this week) and have increased our online library and knowledge services for Drs by adding more continuous personal development (CPD) online and extra licences – accessing 900+ books, journals and articles to help them with their clinical work
- 23.3 Weekly meetings with trainee reps are taking place to discuss any immediate issues they face this is in collaboration with the Guardian of safe working and Medical Staffing.
- 23.4 Our Simulation Lead has prepared and shared a COVID19 simulation in-situ scenario. This has also been shared with the nursing network to encourage MDT scenario learning on COVID to see where gaps/learning opportunities/good practice can be identified on the wards.
- 23.5 The Medical Education Website is now up and running (still work in progress) but we are really pleased with how it has turned out and will be sharing this with our doctors who can gain access to resources, webinars, e-learning which they can self-certificate for <https://www.elft.nhs.uk/medical-education>
- 23.6 Weekly bulletins are being sent to keep everyone up to date with any important developments around education and training.

### **24. Joint Staff side Committee (JSC) Away Day**

- 24.1 The JSC away days planned for 16 April have been postponed until September 2020.

### **25. Workforce Race Equality Standards (WRES), Public Sector Equality Duty (PSED) and Gender Pay Gap reporting 2020**

- 25.1 We have been notified that the national WRES data collection will not be undertaken for 2020/2021. However, ELFT have decided to do the data collection as planned.
- 25.2 Similarly, we have been notified that the Gender Pay Gap collection will not be undertaken for 2020/2021. ELFT still intend to do the submission because we believe these are important. The Public Sector Equality Duty (PSED) has also delayed collection.

### **26. Action being requested**

- 26.1 The Committee is asked to **RECEIVE** and **DISCUSS** the report.

Appendix 1




## Looking after you and others - Wellbeing Guidance for ELFT staff

COVID-19 Psychological Support for Staff    Email: [elft.communications@nhs.net](mailto:elft.communications@nhs.net)    Care First 0800 174 319 (24 hours)

### Stay Safe

- Only use reputable sources for information about COVID-19 (nhs.uk; Gov.uk, ELFT communications)
- Stay present (e.g. mindfulness)
- Limit media exposure, particularly negative

### Take Action

- Help people to be autonomous rather than involving expert position
- Use skills you gained from stressors in the past
- Focus on what is in your power
- Accept what you cannot change

### At Work

- Practice to yourself and to others
- Check in with people. Ask 'how are you?'
- Create place of relative safety (wash hands & wipe surfaces at home)

### At Home

- Connect to loved ones by phone, internet, post
- Practice self-compassion and compassion for others

### Take time out to look after your self-care

- Eat + drink regularly**
- Sleep/rest**
- Maintain mood**
- Exercise**

**Remember its #OKnottoBeOK**

Seek confidential help:  
 COVID-19 Psychological Support for Staff  
 Email: [elft.communications@nhs.net](mailto:elft.communications@nhs.net)  
 Care First (ELFT EAP)  
 Tel: 0800 174319  
 R4P (Doctors)  
 Text: 85258

### Stay Calm

**Use ACE**

- A** Acknowledge thoughts and feelings & normalise
- C** Come back into your body
- E** Engage in what you are doing

### Be Connected

- Live the #ELFT Promise!
- To work together creatively
- To learn 'what matters' to everyone
- To achieve a better quality of life
- To continuously improve our services

### Take a break

Use brief relaxation/stress management techniques

### Relax

Do your best to maintain helpful self-talk, avoiding overgeneralising fears

### Exercise

ie.g. yoga, walking, cycling, jogging!\*

\*observing safe distancing

### At Work

**Check**

Do a mid-shift check in. Ask people if they are 'red', 'amber' or 'green' in terms of state

Help signpost people who are 'red'

### Connect

Encourage connection with colleagues if working remotely

Connect to Community Facebook sites

Connect to family and friends by telephone, virtual meeting platforms

### Remain Hopeful

- Foster a spirit of fortitude, patience, tolerance and hope.
- Share stories that are positive to build strength and encourage others to do so.
- Encourage others to do the same
- Stay hopeful by thinking positively about a future time when...
- Connect to your faith, your spirituality, your belief system.



Try ways of reflecting on what innovative practices works for you and your team

## Appendix 2

# COVID -19 ELFT Visual Summary


This graphic summarises information and guidance which may be useful to staff. As essential workers either providing direct patient care or supporting those who do, you are all critical to supporting the Trust and the NHS during these challenging times.

**Stay at home to stop coronavirus spreading - if your job allows this**





### Things to do to stop infection from spreading


Do




**WASH YOUR HANDS**  
Wash your hands with soap and water often – do this for at least 20 seconds




**ALCOHOL-BASED SANITIZER**  
Use hand sanitiser gel if soap and water are not available



**COVER YOUR MOUTH AND NOSE**  
With a tissue or your sleeve (not your hands) when you cough or sneeze




**PUT USED TISSUES IN THE BIN**  
Do this immediately and wash your hands afterwards



**KEEP YOUR DISTANCE**  
Stay 2 metres (3 steps) away from other people, if you need to go outside

Don't



**DON'T TOUCH YOUR FACE**  
Do not touch your eyes, nose or mouth if your hands are not clean

### In-house Emotional Support for Staff

These are intense times as we all make massive adjustments in our professional and personal lives. If you leave work frazzled, a bit tearful, or feel overwhelmed, book a chat with our in-house support service. A chance to talk to a psychology/therapy/experienced colleague for support. Find out more here or on the [Staff Support COVID-19 web page](#).

**Care First 24 hour Helpline: 0800 174 319**  
Advice for you, your partner and dependent family members on legal concerns, parenting issues, financial problems, relationship issues, etc.
















**Occupational Health Service Team Prevent Online**  
For health issues: call 01327 810777 | Email: [elft@teamprevent.co.uk](mailto:elft@teamprevent.co.uk) | Managers Helpline: 01327 810739

### Trust Updates on COVID-19

All COVID-19 information related to infection prevention and control, and advice for staff is available in daily staff email updates, on the intranet and for those who are working from home on the ELFT website, under [Professionals/Information for ELFT Staff](#).

**Printable Coronavirus Update**  
If some people in your team do not get access to a PC very often, please print and display the daily update for everyone to read.

### Quick Links and Advice for Staff

Your questions answered 	Underlying medical condition 	Pregnancy 	Key Workers Sending children to school if required 	Pandemic Guidance 	Latest resources and videos <ul style="list-style-type: none"><li>■ <a href="#">WHO Advice for the Public - Risk protective measures</a></li><li>■ <a href="#">Infection Prevention at Work</a></li><li>■ <a href="#">Personal Protective Equipment</a></li><li>■ <a href="#">Investigation and Initial clinical management of possible cases</a></li><li>■ <a href="#">Looking After a Patient with Confirmed or Suspected COVID-19</a></li><li>■ <a href="#">Guidance for primary care</a></li><li>■ <a href="#">Guidance for residential care, supported living and home care</a></li><li>■ <a href="#">Laboratory Investigations and sample requirements for diagnosis</a></li><li>■ <a href="#">Paracetamol (Ibuprofen) use and Coronavirus</a></li><li>■ <a href="#">Smoking &amp; Coronavirus</a></li></ul>
A Complete Guide to Remote Working 	Working from Home Top Tips from the QI and QA Teams 	Infection Control 	NMC: COVID-19 Temporary Register for Ex Nurses 	Businesses that Support NHS Staff 	Public Health England Coronavirus Posters Please print & display <a href="#">full colour poster</a> or <a href="#">black &amp; white poster</a> .
Keyworkers' Wellbeing Toolkit 	Emotional Support Service for ELFT Staff 	Travel and Parking 	Not Received Your Keyworker Letter for Your Child's School? Email ELFT 	Free Hotel Accommodation for NHS Staff 	

If you have familiarised yourself with the information and resources available and still have some questions unanswered, please let us know. Email: [elft.communications@nhs.net](mailto:elft.communications@nhs.net) or go to: [Post Your Question on the Intranet](#).

Appendix 3 - As at Friday 14 May 2020

